

## VILLAGE OF CEDARHURST

## **BUILDING PERMIT APPLICATION**

200 Cedarhurst Ave. Cedarhurst NY 11516

Office: (516)295-5770 Fax (516)295-5770 Email: building@cedarhurst.gov Website: www.cedarhurst.gov

Application N	No	_ Date rec'd	Permit No.			Date issue	d		
Number and Street				Section	Block	Lot(s)	Zone.		
N.S.E.W. side of									
or N.S.E.W corner of									
TYPE OF IMPROVEMENT PROPOSED USE - For "Demolition" most recent use									
New	New building or structure Residential Existing Proposed Nonresidental								
Addit Addit	tion								
Alter	ation	or Two family Existing (Specify)er Daugther/							
Use		or residence							
Dem	olition	Family							
			Proposed (Specify)						
U Othe	r	Mixed							
lOtherl									
WORK BROD	WORK PROPOSED - Describe in detail:								
WORKFROE	OSED - Describe III detail.							$  \delta $	
				COST	OF IMPR	OVEMENT ¢		_  <u>[</u>	
		COST OF IMPROVEMENT \$ SIFICATION STATUS OF WORK					= 5		
Pursuant to Worker's Compensation Law, an original certificate-of-Insurance on Existing Proposed									
			resistive Proposed Under Construction						
GSI-1 05.2 s	shall be filled with this depart-		Type 2A) Non -Combustible			uction			
ment prior to	the issuance of any building	Type 2B ) com	nbustible	Completed					
quired to obt	ASE NOTE: Contractor is re- ain certificates or other proof	Type 3A) Ordinary const.		DIMENSIONS OF LOT X					
of Markage C	'ampaneation Incurance from		asonry walls,					-	
all subcontr	actors or any other person	☐ Type 3B ) wo				e feet			
perlorm or pr	rovide work. labor or services	Type 4 - Heav	'y tiiriboi   _ ii	Total square feet of floor area, all floors, based on exterior					
on the site. Upon rec	actors or any other person a employee of contractor and rovide work, labor or services quest by the village contractors must provide a such certificate to the village,	Type 5 - Wood		dimensions (exclus base or cellar)					
copy of any s	such certificate to the village, of so may result in revocation	YES NO						$\Box$	
of building pe	rmit(s).	☐ Is a Sprinkler Sys		ercent of lo	t occupie	d		%   -	
	` '	Does The Building kler System?	g Have A Sprin-					$\dashv \overline{c}$	
	Name			0		<b>-</b> .	Tel. No.		
Arch. or Engr.	Name	Mailing addre	ess - Number, stre	et, city, S	tate and	∠ip	i ei. ivo.	$\dashv$	
								_	
Owner								_	
Tenant / Lessee								_	
Contractor		Nassau County Lice							
Electrician		VILLAGE OF CEDARHUF							
Plumber		VILLAGE OF CEDARHUF	RST License Number					<u>ار</u>	
The owner of this building and the undersigned agree to conform to all applicable laws of the VILLAGE OF CEDARHURST.									
	AFFIDAVIT OF APPLICANT  (IF NOT THE OWNER)  AFFIDAVIT OF PROPERTY OWNER  STATE OF NEW YORK								
STATE OF NEW	Y YORK	COUNTY OF NASSAU SS:							
COUNTY OF NA	3340	(PRINT NAME) being duly sworn,							
(PRINT NAME)		deposes and says: That he/she resides at							
•	ays: That he/she resides at		deposes and says:	i nat ne/sn	e resides a	ιτ			
in the State of Owner		hat he/she is authorized by the	in the in the State of			of			
	το ma work in the foregoing application at	ake application for a permit		t, piece or p	arcel of la		she is the owner in fa		
the statements	of all that certain lot, piece or parcel of land shown on the diagram above, situate, lying and being within the INCORPORATED VILLAGE OF CEDARHURST, that the								
ino otatomonio	oonanea meren are nue to depon	work proposed to be done upon the said premises will be done in accordance with the, approved application and accompanying plans, (and he/she hereby authorizes							
Address		APPLICANT							
Phone			n for a pern	nit to perfo	rm said work in th	e foregoing application	on   (		
FIIOHE			to make application for a permit to perform said work in the foregoing application and accompanying plans), and all the statements herein contained are true to de-						
(Sign here)				•					
( spinoarty			(Sign here) (OWNER)						
Sworn to before me this(Day of20			Sworn to before me this20						
	` ,	Cwom to boloro		day c					
								<b>—</b> і	
		<u>TE BELOW THIS LIN</u>		PARTMI	ENT US	SE ONLY			
Adjusted Cost	Permit Fee				Total		Site Plan Fee		
Approved by	\$	\$ Permit Title	\$			\$		$\dashv$	
pp. 0100 by		ı ennir Hue	-						
				FE	MA Flood	Zone	By:	$\neg$	
House No. Assigned Hazard Zone Base Flood Elevation									
						Certificate: Yes			
Variance □					New C.C	. Required: Yes	No □		
If Yes date	and case No			ı	□ĤVAC	Application Requ  ☐Plumbing ☐E	ırea For: :lectric		
				İ	□ Sign/Āw	ning Other	-		